

## **Mother Summary Report for Perinatal Hepatitis B Prevention**

141(	other's Inforr	nation:					
Enı	rollment Date: _					ID#:/_	
		mm dd yyy				yr/ cou	inty/mother/hh#
	s mother been in				. 37		DOD
Las	st Name:			Firs	st Name:	7' 2	DOB:
Last Name: Address: Home Phone: ( ) Work Pho				City:	M-4::1 "	Zıp:Co	ounty:
Home Phone: ( Work P				()	Medicaid #:SSN:		
Lar	nguage Spoker	•	/		Country of Birth:		
					Language Written:Planned Delivery Hospital:		
Ref	imated Due Da ferred Rv	uage Spoken: nated Due Date (EDC): rred By:			Gravida	Para	
Infant DOB: Pregr				v Outcom	ne:	1 ui u	
Alt	ernate Contact	Information:		, 22.0011		<del></del>	
	other's Provid				DI (	`	<b>T</b>
							_Fax: ()
Ad	dress:		C1t	У		Zıp	
Ma	other's Hepat	itis B Serol	ngy and Vac	cine Hi	story:		
	or hepatitis B se		Yes	No			
* * * * *	Prior repo	••	103	Pos	Neg	Date:	
		rt anti-HBs:		Pos	Neg	Date:	
		rt anti-HBc:		Pos	Neg	Date:	
D-d	•		Vac		•		
Prior Hepatitis B vaccine? Yes No Dates:,,							•
							,
Mo	other's Result						
Mo Ty	ype of Screen	Type of T		Date	Result	Reporter (Lab)	Provider (Doctor/Clinic)
Mo	ype of Screen Prenatal	Type of T HBsAg		Date			
Ty 1 st 1 2 nd	ype of Screen Prenatal Prenatal	Type of T HBsAg HBsAg		Date			
Ty 1st 1 2nd Tes	ype of Screen Prenatal Prenatal st at Delivery	Type of T HBsAg HBsAg HBsAg		Date			
Ty 1st 1 2nd Tes	ype of Screen Prenatal Prenatal	Type of T HBsAg HBsAg HBsAg HBsAg		Date			
Ty 1st 1 2nd Tes	ype of Screen Prenatal Prenatal st at Delivery	Type of T HBsAg HBsAg HBsAg HBsAg Anti-HBs		Date			
Ty 1st 1 2nd Tes	ype of Screen Prenatal Prenatal st at Delivery	Type of T HBsAg HBsAg HBsAg HBsAg		Date			
Mo Ty 1 <sup>st</sup> 1 2 <sup>nd</sup> Tes	ype of Screen Prenatal Prenatal st at Delivery rrier Status	Type of T HBsAg HBsAg HBsAg HBsAg Anti-HBs Anti-HBc	est Test	Date			
Mo	Prenatal Prenatal St at Delivery rrier Status  other's Closu	Type of T HBsAg HBsAg HBsAg HBsAg Anti-HBs Anti-HBc	est Test		Result	Reporter (Lab)	Provider (Doctor/Clinic)
Mo	ype of Screen Prenatal Prenatal st at Delivery rrier Status  other's Closu te Case Closed:	Type of T HBsAg HBsAg HBsAg HBsAg Anti-HBs Anti-HBc	est Test		Result	Reporter (Lab)	
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Mo Ty  1st 1 2nd Tess Can  Mo Date	pre of Screen Prenatal Prenatal st at Delivery rrier Status  other's Closus te Case Closed: her Informatio Name of person cor Name of organization	Type of T HBsAg HBsAg HBsAg Anti-HBs Anti-HBc re Informat n: npleting summary:	ion:	ason Clos	Result	Reporter (Lab)	Provider (Doctor/Clinic)
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Moderate Mod	Prenatal Prenatal St at Delivery rrier Status  Other's Closus te Case Closed: her Informatio Name of person con Name of organizati Address of organizati Telephone number Copies of initial sun days following the in	Type of T HBsAg HBsAg HBsAg HBsAg Anti-HBs Anti-HBc  re Informat  in: inpleting summary: ion: ion: ion: ion: ion: ion: ion: ion	ion:  Rea  Id be sent to the addidays following iden	ress below w	Result  ed: ithin: 1) 30 days following each contact. Updated su	Reporter (Lab)	Provider (Doctor/Clinic)  Status:  Dositive pregnant woman; 2) 30  nailed to the address below when:
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Texas Department of Health Immunization Division